

3970 OCT 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32533
Do not use this space.

1. PLACE OF DEATH
 (a) County Howell Registration District No. 384
 (b) Township 3 Primary Registration District No. 4227
 (c) City West Plains, Mo. (d) Street No. Thornburgh Ambulance at 111 West Main St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Claude Franklin Mills
 (a) Residence, No. 420 St. □ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucille Welch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
29 2 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter and Paperhanger
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dennison, Texas
 13. NAME William Sidney Mills
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eureka, Miss.

MOTHER
 15. MAIDEN NAME Minnie Terry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath County

17. INFORMANT (ADDRESS) Mrs. W.S. Mills West Plains, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE oak lawn Cem. West Plains, Mo. DATE Sept 12, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hal Thornburgh West Plains, Mo.
 20. FILED 9-12 1939 Vida W. SIMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1939 to Sept 10, 1939, 19...
 I last saw him alive on Sept 10, 1939 Death is said to have occurred on the date stated above, at 9:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Hemorrhage from Compound comminuted fracture of left humerus, radius and ulna suffered in car accident
 Date of onset

Other contributory causes of importance:
Fracture of skull of left parietal skull

Name of operation exam Date of Sept 10
 What test confirmed diagnosis? exam Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury Sept 10, 1939
 Where did injury occur? West Plains, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
on Highway 80
 Manner of injury car ran together
 Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify E. Royse Bohrer M. D.
 (Signed) E. Royse Bohrer
 (Address) West Plains, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRING AT PLACE OF DEATH

46
3
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Hal Thornburgh

Registered Apprentice No. _____

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 1039258

Date Filed 10 23 90

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Hovell Registration District No. 384
(b) Township West Plains Primary Registration District No. 4227 Registered No.
(c) City West Plains (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Claude Franklin Mills
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 2 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Booth County Kentucky

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9-12 1939 Vida M. Symons Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify E. Royce Babers, M. D. (Signed)

(Address) West Plains Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED

